

	UBI
OWNER NAME	OWNER NAME

WASTE TIRE SITE OWNER ANNUAL REPORT

To renew your license, please complete this report and the Master License Renewal Application. Upon completion, return both forms to the Department of Licensing, Master License Service, at the address shown above.

Please type or print in dark ink.

Business name			
Business location	STREET ADDRESS		
CITY		STATE ZIP	
or each waste tire carrier doing business at yo	our site, provide the following	1:	
BUSINESS NAME		UBI NUMBER	
BUSINESS ADDRESS (Street, city, state, zip)		•	
NUMBER OF TIRES DELIVERED	NUMBER OF TIRES	REMOVED	
2 BUSINESS NAME		UBI NUMBER	
BUSINESS ADDRESS (Street, city, state, zip)			
NUMBER OF TIRES DELIVERED	NUMBER OF TIRES	REMOVED	
BUSINESS NAME		UBI NUMBER	
BUSINESS ADDRESS (Street, city, state, zip)			
NUMBER OF TIRES DELIVERED	NUMBER OF TIRES	REMOVED	
BUSINESS NAME		UBI NUMBER	
BUSINESS ADDRESS (Street, city, state, zip)			
NUMBER OF TIRES DELIVERED	NUMBER OF TIRES	NUMBER OF TIRES REMOVED	
Attach additional she	eets using the same format if neces.	sary.	
stimate the quantities for each waste tire relate	ed activity at your storage sit	te during the previous license year:	
WASTE TIRE RELATED ACTIVITY		TOTAL	
Number of tires deposited at the site			
Number of tires removed from the site			
Number of tires located at the site at the time	ne of this report		
you have any questions or need assistance, ple	ease call the Master License S	Service at (360) 664-1414 or contact th	

Department of Ecology, Tire Recycling Project Coordinator at (360) 407-6136.